

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | |
|---|-----------------------------------|-------------------------------------|-------------------------------------|---|------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>11-9-04</u> | | 2 Serial/Patent # <u>10/654,790</u> | | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | |
| | Filing | | | \$ | | | | | | | | |
| | Amendment | | | \$ | | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | | |
| <input checked="" type="checkbox"/> | Petition | <u>None</u> | <u>6-14-04</u> | \$ <u>130.00</u> | | | | | | | | |
| | Issue | | | \$ | | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | |
| | Maintenance | | | \$ | | | | | | | | |
| | Assignment | | | \$ | | | | | | | | |
| | Other | | | \$ | | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>130.00</u> | | | | | | | |
| | | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | | Treasury Check | | | | | | | | | |
| | | | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | |
| | | | 9 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table> | | 1 | 6 | -- | 0 | 6 | 3 | 3 |
| 1 | 6 | -- | 0 | 6 | 3 | 3 | | | | | | |
| 10 REASON: | | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | <u>PTO lost the paper</u> | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Paul Shanoski</u> | | | TITLE: <u>Senior Attorney</u> | | | | | | | | | |
| SIGNATURE: <u>Paul Shanoski</u> | | | PHONE: <u>571-272-2225</u> | | | | | | | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | | DATE: <u>11/10/04</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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